

DISCRIMINATION COMPLAINT FORM

The U.S. Department of Agriculture prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, *religion, age, disability, or *political beliefs. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, complete this form or write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D. C. 20250-9410 or call (202) 720-5964 (voice and TDD). The complaint must be filed within 180 days of the alleged discriminatory action.

Name:	Address:	Telephone:	
NAME, ADDRESS AN	D TELEPHONE NUMBER OF TH	E OFFICE DELIVERING THE SERVICE OR BENEFIT	Γ:
NAMES, TITLES, AND DISCRIMINATORY A		RSONS WHO MAY HAVE KNOWLEDGE OF THE AI	LLEGED
DATE (S) ON WHICH	THE ALLEGED DISCRIMINATO	RY ACTION OCCURRED:	
DESCRIBE THE NATU	JRE OF THE INCIDENT OR ACTI	ON WHICH YOU FEEL THAT DISCRIMINATION W	'AS A
Signature		Date	
against for the purpose of	f interfering with the right or privile	no person shall be intimidated, threatened, coerced, or dige to file a complaint. The identity of complainants shalurposes of the regulations governing civil rights.	
CHECK THE BASIS (ES) ON WHICH YOU FEEL DIS	CRIMINATION EXISTS:	
RACE()		AGE()	
NATIONAL ORIGIN ()	COLOR()	
SEX()		DISABILITY ()	
*RELIGION ()		*POLITICAL BELIEFS ()	

^{*} Applies to the Food Stamp Program and Food Distribution Program on Indian Reservations only.